

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street, Ladd Hall Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612 Fax (802) 871-3318

May 18, 2012

Mr. Shawn Hallisey, Administrator St Johnsbury Health & Rehab 1248 Hospital Drive Saint Johnsbury, VT 05819

Dear Mr. Hallisey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 18, 2012.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN, MS Licensing Chief

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/02/2012 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARI	& MEDICAID SERVICES	<u> </u>		(X3) DATE SURVEY
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		OOMPLETED
		475019	- ∤ ∋. WINC		04/18/2012
NAME OF PR	ROVIDER OR SUPPLIER		5	TREET ADDRESS, CITY, STATE, ZIR 1248 HOSPITAL DRIVE	≎ CCD €
NHOL TE	SBURY HEALTH &	RЕНАВ		SAINT JOHNSBURY, VT 05	
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F 000	INITIAL COMMEN	ITS	F 00	!	
F 280 \$S=D	survey was conductionsing and Property 1 to 1 to 2 to 2 to 2 to 2 to 2 to 2 to	onsite annual recertification acted by the Division of objection from 4/16/12 - 4/18/12. Which was a state of the right, unless adjudged the right, unless adjudged the right and to be der the laws of the State, to anning care and treatment or	F 2	How will the correct accomplished for the found to have been a deficient practice. The Resident #110 ha Medical Record revis appropriate Nutrition and careplan. Both ha as needed.	ose residents affected by the as had his ewed for al Assessment
	A comprehensive within 7 days aft comprehensive interdisciplinary physician, a register the resident, disciplines as deand, to the extent the resident, the resident, the resident the resident the resident.	e care plan must be developed or the completion of the assessment; prepared by an team, that includes the attending stered nurse with responsibility and other appropriate staff in etermined by the resident's needs in the practicable, the participation of eresident's family or the resident's attive; and periodically reviewed a team of qualified persons after	j,	How will the facility is residents having the saffected by the same. All resident have the affected. All Resident integrity issues have hassessment audited for accuracy. What measures will ensure that the deficient occur.	potential to be deficient practice potential to be ts with skin ad their nutritional completion and
	This REQUIRE by: Based on staff facility failed to of the Stage 2 comprehensive potential/actual with numerous	MENT is not met as evidenced interview and record review, the ensure that 1 Resident (#110) or sample had a revised plan of care to meet the I nutritional needs of a resident co-morbid and a newly identified reviders afficers reviders afficers.		for identifying denye	For appropriate ventions related to re-educated on the glideticians in Care Management and state regulations

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Marabauation cheel Page 1

FORM APPROVED OMB NO. 0938-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES

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		475019	B. WING		04/18/2012		
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TANKE OF T	NO VIDER CREEK			48 HOSPITAL DRIVE			
STJOHN	SBURY HEALTH &	REHAB	5.	AINT JOHNSBURY, VT 058	119		
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F 280	1. Per record revisions admitted on included: Renal Indialysis, gout, and osteoarthritis, hyphyperchojesterole Assessment note was on a liberal result, that Resider had a high body related to chronic nephrovite (nutrit #110 had sutures Resident #110 had sutures Resident #110 had sutures Resident #110 had pressure with the potential red that the nutritional needs discovery of an left heel. Per int Registered Diet indicated that the nutritional care potential actual #110 after the opressure area of the supurpose of the pressure area of the supurpose of the supurpose of the pressure area of the supurpose of the	ew on 4/18/12, Resident #110 1/17/12 with diagnoses that insufficiency with the need for emia, vitamin D deficiency, pertension, hyperlipidemia and emia. Per review of the Nutrition is dated 1/20/12, Resident #110 enal diet that was with no added it #110 had good food intake, mass index, was on dialysis renal insufficiency, takes ional supplement), that Resident and deep tissue injury, that ad estimated calorie needs of estimated fluid needs of 1800 erses' notes dated 1/27/12, a grant was noted on left heel, caused by sitting in a lays a week for 5 hours at a time en Nutrition Care Plan dated as no evidence that the care plan do to reflect the potential/actual is of Resident #110 after the unstageable pressure area on the erview on 4/18/12, with the cian (R.D.) at 10:50 AM, he/she ere was no revision of the plan addressing the nutritional needs of Resident inscovery of an unstageable in the left heel. Per interview with a 1900 AM: he/she indicate that the left heel. Per interview with a 1900 AM: he/she indicate that the left heel. Per interview with a 1900 AM: he/she indicate that the left heel. Per interview with a 1900 AM: he/she indicate that the left heel. Per interview with a 1900 AM: he/she indicate that the left heel. Per interview with a 1900 AM: he/she indicate that the left heel. Per interview with a 1900 AM: he/she indicate that the left heel. Per interview with a 1900 AM: he/she indicate that the left heel. Per interview with a 1900 AM: he/she indicate the left heel.	e	and facilitate early interwarranted. Reeducated on the doc hydration status, rejevice clinical information. How will the facility corrective actions to deficient practice will administrator or designated and residents with pressur tissue injury weekly to be reported and review committee monthly a on a quarterly basis.	monitor its ensure that the inot reoccur gnee or will conduct eplans for all e ulcers and deep tis12. Results will wed at the QA		

that the Nutritional Care Plan dated 1/20/12 was

(X3) DATE SURVEY

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

(X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING AND PLAN OF CORRECTION 04/18/2012 a. WING . 475019 STREET ACCRESS CITY, STATE, ZIP COUE NAME OF PROVIDER OR SUPPLIER 1248 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819 ST JOHNSBURY HEALTH & REHAB (XS) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIME ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE :D SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) (0 PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAĞ DEFICIENCY) TAG F 2801 F 280 | Continued From page 2 not specific to the Nutritional needs of a Resident #110 who had diagnosis that included Renal Insufficiency with the need for dialysis, gout, anemia, vitamin D deficiency, osteoarthritis, hypertension, hyperlipidemia and hypercholesterolemia. Refer also to F325 F 282 483.20(k)(3)(ii) SERVICES BY QUALIFIED F 282 PERSONS/PER CARE PLAN SS=D The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of саге. This REQUIREMENT is not met as evidenced Based on staff interview and record review, the facility failed to implement the written plan of care for one resident (Resident #17) of the Stage 2 sample group by failing to ensure dialysis information was communicated between the facility and the dialysis center, and failing to monitor the resident's condition after dialysis. Findings include: 1. Per record review, Resident #17, who has a diagnosis of end stage renal disease, has a plan of care for dialysis treatment that includes monitoring for "changes in vital signs, ie. hypotension (low blood pressure)". The plan of care also includes a "communication book to be sent with [Resident #17 to the dialysis center] to communicate information and reviewed by facility nurse upon return". Per interview with Resident #17's Nursing Unit Manager (UM) on 4/18/12 at

DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 OC MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(XZ) MULTIPLE CONSTRUCTION A BUILDING ((X3) DATE SURVEY COMPLETED	
	475019	8. WING	04/18/2012	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS CITY, STATE, ZIP CODE		

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F 282

ST JOHNSBURY HEALTH & REHAB

SUMMARY STATEMENT OF DEFICIENCIES (XA) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG

PROVIDER'S PLAN OF CORRECTION TEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION DATE

F282

SAINT JOHNSBURY, VT 05819

F 282! Continued From page 3.

8:43 A.M. the dialysis communication book contains the vital sions for Resident #17 prior to dialysis and any facility concerns regarding the resident, along with the most recent vital signs and treatment information generated by the dialysis center. After dialysis the communication book is returned to the facility with the vital signs and treatment information from that day's dialysis. vital signs are taken by the facility. The UM or a Registered Nurse (RN) are then to review the vital signs and dialysis information.

Per interview, the UM confirmed the information contained in Resident #17's dialysis communication log was outdated and was missing dates. The UM confirmed there were missing vital signs and no treatment information in the communication log and/or the resident's chart for 3 of 13 treatment days for March 2012 (3/26, 3/14, 3/2) and no documentation of Resident #17's vital signs and treatment information being reviewed by the UM or an RN on those dates per the plan of care.

2. Per record review, after treatment on 3/26/12 the Dialysis Center reduced Resident #17's dose of Atenolot (used to treat high blood pressure) due to "low blood pressure while at dialysis". Per review. Resident #17's blood pressure during dialysis on 3/26/12 reached a low of 84/45 [*according to the Mayo Clinic, low blood pressure is defined as below 90/60]. Per interview on 4/18/12 at 8:43 A.M. the UM confirmed there was there was no record of Resident #17's blood pressure taken at the facility before or after dialysis on 3/26/12, and no documentation that the plan of care regarding monitoring vital signs was performed on 3/26/12

How will the corrective action be accomplished for those residents found to have been affected by the deficient practice.

The Resident #117 Dialysis record has been reviewed, outstanding notes obtained immediately and have been reviewed each time by the Unit Manager of an RN.

Resident #117 had a new order to decrease atenolol and has had no further incidents of hypotension.

How will the facility identify other residents having the potential to be affected by the same deficient practice

All residents have the potential to be affected. All residents who attend Dialysis have had their dialysis folders and medical record reviewed for change

What measures will be put on place to ensure that the deficient practice will not occur

Licensed nursing staff will be re-educated on protocol for reviewing the residents Dialysis Folder upon return from Dialysis

How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur Resident's who attend Dialysis will be reviewed at morning clinical for change in condition DNS or designee will

Facility (D: 475019

DEPARTMENT OF HEALTH AND HUMAN SERVICES Fax 1-802-748-6503 May 14 2012 04:47pm P006/009 OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES XXX DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION DENTIFICATION NUMBER: A SUILDING a WING 04/18/2012 475019 STREST ADDRESS, DITY, STAYE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1248 HOSPITAL DRIVE ST JOHNSBURY HEALTH & REHAB SAINT JOHNSBURY, VT 05819. PROVIDER'S PLAN OF CORFECTION (XS) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) !D (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX CATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) conduct random audits on all Dialveis F 282 residents weekly x's 2. Results will be F 282 | Continued From page 4 reported and reviewed at the .OA when Resident #17's treatment required committee monthly and will be reassessed adjustment due to low blood pressure. on a quarterly basis. Reference: http://www.mayoclinic.com/health/low-blood-press F282 ure/DS00590. F 325 F 325 483.25(I) MAINTAIN NUTRITION STATUS F325 SS=D UNLESS UNAVOIDABLE How will the corrective action be Based on a resident's comprehensive assessment, the facility must ensure that a accomplished for those residents resident found to have been affected by the (1) Maintains acceptable parameters of nutritional desicient practice. status, such as body weight and protein levels. The Resident #110 has had his unless the resident's clinical condition Medical Record reviewed for demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a appropriate Nutritional Assessment nutritional problem. and careplan. Both have been updated as needed. How will the facility identify other This REQUIREMENT is not met as evidenced residents having the potential to be affected by the same deficient practice Based on record review and staff interview, the All resident have the potential to be facility failed to ensure that one Resident (#110). affected. All Residents with skin identified in the Stage 2 sample was provided integrity issues have had their nutritional nutritional care and services consistent with the

FORM CMS-2557(02-98) Previous Versions Obsclese

findings include:

resident's comprehensive assessment. The

1. Per record review on 4/18/12, resident #110 was admitted on 1/17/12 with diagnoses that included: Renal Insufficiency with the need for dialysis, gout, anemia, vitamin D deficiency, ostecarthritis, hypertension, hyperlipidemia and hypercholesterolemia. Per review of the Nutrition Assessment notes dated 1/20/12. Resident #110

Event 10, 37%311

Facility ID: 475019

accuracy.

assessment audited for completion and

if continuation sheet Page 5 of 6

ST HEALTH & REHAB

Fax 1-802-748-6503

May 14 2012 04:47pm P007/009

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CENTER	S FOR MEDICARE	& MEDICAID SERVICES				OMB NO.	<u> 0938-0391</u>
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		a. wix	۹G		04/18/2012		
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F 325	sait, that Resident had a high body melated to chronich nephrovite (autrition #110 had sutures Resident #110 had 1800 -1900 calorie 70-80 grams and 1900 milliliters. Review of the nursiblister measuring Resident #110's ledialysis chair 3 day Per review of the sevidence that Residents identifies be evaluated by the nutritional status if of the weekly skin 1/27/12 to 4/18/12 there was any plathe weekly skin/naddress Resident nutritional needs in the weekly skin/naddress Resident nutritional needs in th	mal diet that was with no added #110 had good food intake, ass index, was on dialysis renair insufficiency, takes and supplement), that Resident and deep tissue injury, that diestimated calorie needs of estimated protein needs of estimated fluid needs of 1800 sestimated for the fluid needs of 1800 sestimated for the fluid needs of the facility policy titled Skin at (revision date 1/1/2006), "all dies having impaired skin will be Registered Dietician for needs at 1900 sestimated for the fluid needs of th			What measures will be resure that the deficient not occur The Dietician will be reserved to the Dietician will be reserved wound healing. The Dietician will be reserved to the federal and for identifying dehydratic and facilitate early interved to the document of the Dietician information. How will the facility mand to the deficient practice will not be reported and reviewed to the proported and reviewed to the proported and reviewed to the proported and reviewed the reported and reviewed the practice will not a quarterly basis.	educated on appropriate tions related to educated on the educated on risk factors entions as mentation of taboratory and onitor its sure that the educated on will conduct ans for all elects and deep 12. Results will dat the QA	t
1	Per review of the	weekly skid/autrition risk			on a quartorry ounter		

meetings they notes indicated that Resident #110

was refusing to take his/her Neprovite (a nutritional supplement for individuals with renal failure) and it had been discontinued due to

Event (C) 6ZX311

F325

05/14/12

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475019		1	LDING		COMPLE	COMPLETED	
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NAME OF PE	ROVIDER OR SUPPLIES				ET ADDRESS, CITY, STATE, ZIP CODE		
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F 325	Continued From	• •	F	325			
,		12. There was no evidence in sor dietary notes that a					•
	the meeting note	א was created on meeting	1	į			
	Resident #110's	nutritional needs without the	-				!
	added suppleme	nt. Review of the Nurses' Notes isident #110 had not met the					
		f fluid intake of 1800-1900	!	Ì			
	milliliters (cc's) d	aily on 1/26: 1020 cc's, 3/18:			1		;
	1380 cc's, 3/20:8	320 cc's, 3/22: 720 cc's, 3/23: 720	ן נ	!			ļ
	cc's, 3/25:1512 c	cc's, 3/26: 1080 cc's, 3/29: 720					i
	cc's, 3/31: 900 c	c's and 4/4 840 cc's . There was the Registered Dietician	i				
	addressed the	esident's failure to meet his/her					
	daily fluid intake	requirements on these dates and	i		!		; ;
	create a plan to	prevent future fluid deficits.	ļ				Ì
	Per review of the	a Nutrition Care Plan dated			:		!
	1/20/12 there wa	as no evidence that the care plan	ĺ				:
	had been revise	d to reflect the potential/actual					İ
	needs nutritiona	Ily of Resident #110's after the un-stageable pressure area on					;
	the left heel. Pe	r interview on 4/18/12, with the					
	Registered Diet	ician at 10:50 am, he/she					
	indicated that th	ere was no revision of the					
	nutritional care	plan addressing the needs nutritionally of Resident	<u>;</u>				:
	#110's after the	discovery of an un-stageable				•	
	pressure area o	on the left heel. The RD also					:
	confirmed after	review of documentation on the bekiy risk meeting notes, the note	٠				
		plan to address any	,				
	potential/actual	nutritional needs of Resident					1
	#110 with diagr	nosis that included: renal	į		!		
į	Insufficiency wi	th the need for dialysis, gout, n D deficiency, osteoarthritis,	1				:
		yperlipidemia and	:				j
}	hypercholester	olemia. The RD also confirmed	ļ				:
1	i during interview	v on 4/18/12 that Resident #110	i				:

Fax 1-802-748-6503

May 14 2012 04:47pm P009/009

ST HEALTH & REHAB DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING & 3 WING 04/18/2012 475019 STREET ADDRESS, CITY STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1248 HOSPITAL DRIVE ST JOHNSBURY HEALTH & REHAB SAINT JOHNSBURY, VT 05819 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES IJ (X4) ID NOTELECTION DE LE CONTROL DE L (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX -PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR USC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY: F 325 Continued From page 7 F 325 had not been assessed by the RD after the discovery of an un-stageable pressure area was identified on 1/27/12. Per interview on 4/18/12 at 10:50 AM, the RD confirmed that a plan had not been created to address the discontinuation of Nutritional Supplementation related to Resident #110's refusals and how to meet Resident #110's nutritional needs. Refer also to F280